PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

The Callie	JAN 3 0 2019
I. Name of Lobbyist(s) Todi Grinbilas	NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:	DEPARTMENT OF STA
J. Grimbilas Strategic Solutions LLC.	_
(Name of partnership, firm or corporation)	
POBOX 233 Northwood NH	03261.
	ク32 し ((Zip Code)
(603) 496-2638 () e-mail jodi @ 5	(Zip Code) <u>gstrate</u> gies.co
III. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).	e a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the foll	lowing client:
(Full Name of Client as it appears on the Lobbyist Registration Form)	
(Full Name of Client as it appears on the Loodyist Registration Form) OR	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.	listed below which are
IV. Date of Report April 25, 2018 Suly 25, 2018 Suly 25, 2018 Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18	
October 31, 2018	
V. There have been no fees received and no reportable transactions made since the lange of this box is checked, complete just this form and submit it to the Secretary of State's Office, State F. Concord, NH 03301.	
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A-Fees and Expense	
If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Addendum C-	Political Contributions
Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoind complete to the best of my knowledge and belief.	ing information is true
(Signature of Johnvist) (Date)	
(Signature of lobbyist) (Date)	
(Signature of lobbyist) (Date) (Print Name of lobbyist)	